OMB APPROVAL **UNITED STATES** FORM D RITIES AND EXCHANGE COMMISSION 3235-0076 OMB Number: Washington, D.C. 20549 April 30, 2008 Expires: Estimated average burden hours per response...... 16.006 FORM D SEC USE ONLY E OF SALE OF SECURITIES **Prefix** Serial SUANT TO REGULATION D, ORIGINAL DATE RECEIVED SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) Selah Capital Investors, LP Filing Under (Check box(es) that apply): ____ Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of the Issuer (check if this is an amendment and name has changed, and indicate change.) Selah Capital Investors, LP (Number and Street; City, State, Zip Code) Telephone Number (Including Area Code) Address of Executive Offices 3525 Piedmont Rd., N.E., Building 7, Suite 200, Atlanta, GA 30305 (404) 869-9222 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same Same Brief Description of Business Investing in and trading of securities Type of Business Organization 🔯 limited partnership, already formed 🔲 other (please specify): limited liability company, already formed corporation limited partnership, to be formed business trust Year Month Actual or Estimated Date of Incorporation or Organization: [1][1] [0][6] Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D][E] GENERAL INSTRUCTIONS Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed. ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. Persons who respond to the collection of information contained in this form are not SEC 1972 (6/02) required to respond unless the form displays a currently valid OMB control number.

A. BASICIDEN	TIFICATION DATA		<u> </u>
2. Enter the information requested for the following:			
 Each promoter of the issuer, if the issuer has been organized with Each beneficial owner having the power to vote or dispose, or direction 		, 10% or more of	a class of equity securities of
the issuer;	-		
 Each executive officer and director of corporate issuers and of corporate issuers and of corporate issuers. 	rporate general and managin	g parmers or parm	ership issuers, and
Check Box(es) that Apply:	☐ Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) Savannah River Capital Management, LLC			,
Business or Residence Address (Number and Street, City, State, 3525 Piedmont Rd., N.E., Building 7, Suite 200, Atlanta, GA 30305	Zip Code)	·	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Alexander, George T.			•
Business or Residence Address (Number and Street, City, State, 3525 Piedmont Rd., N.E., Building 7, Suite 200, Atlanta, GA 30305	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Mertes, Joseph J.			
Business or Residence Address (Number and Street, City, State, 3525 Piedmont Rd., N.E., Building 7, Suite 200, Atlanta, GA 30305	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	ŧ		·
Business or Residence Address (Number and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner

Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Z	p Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	Géneral and/or Managing Partner
Full Name (Last name first, if individual)	1			
Business or Residence Address (Number a	and Street, City, State, Z	ip Code)		•
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Z	ip Code)	•	
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Z	ip Code)		"

	<u>}</u>	,		. · · · · · · · · · · · · · · · · · · ·	B. INFORMA	ATION ABO	UT OFFERI	ING				
1. Has th	ne issuer sold.	or does the	issuer intend t	o sell, to non-	accredited inv	vestors in this	offering?				Yes	No - ⊠
		;		- Answer	also in Apper	ndix, Column	Ź, if filing ur	der ULOE.				
2 What	is the minim	ım investmer	nt that will be	accepted from	any individu	al?					s	100,000*
		i		single unit?								No
3. Does	ine offering p	ermit Jonit o	witership or a	single unit:	1	***********************	***************************************	***************************************	•••••••••	***************************************		
remu agen	ineration for a	solicitation o or dealer reg	f purchasers i	person who he n connection was ne SEC and/or proker or deale	with sales of a with a state of	securities in to or states, list t	the offering. the name of th	lf a person to ie broker or o	be listed is a lealer. If mor	in associated e than five (5	or similar person or	J
Full Nam	ne (Last name	first, if indiv	vidual)									
Dusiasas	an Danidana	Addrosa (Ni	umbar and Str	eet, City, State	Zip Code)						<u> </u>	· · · · · · · ·
Business	or Residence	: Address (14)	imoer and Su	eet, City, State	, zip code)							
Name of	Associated B	roker or Dea	ler	٠	<u> </u>		•					
	Ž.				4							
State: 1	Which Pare	n Licead Fac		tends to Solic	it Purchagas							
				tenas to Solici es)		••					ПА	11 States
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(IL)	[N]	[IA]	[KS]	[KY]	[LA]	[O.]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last name	first, if indiv	/idual)		·							
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Desire	D 'J i-	Address (NI)	C+_	ant City State	Zin Code)			h			•	
Business	or Kesidence	Address (N	imber and Sir	eet, City, State	z, zip Code)		4					
Name of	Associated B	roker or Dea	ler		1						•	
States in	Which Person	n Listed has	Solicited or In	tends to Solic	it Purchasers	- "					•	
(Che	ck "All State	s" or check ii	ndividual Stat	es)							🗀 А	II States
[AL]	[AK]	[AZ]	[AR] ·	[CA]	[CO]	[CT]	[DE]	[DC]	[·FL]	[GA]	{ HI }	[ID]
(ÌL]	[IN]	' [IA]	[KS]	[KY]	[iLA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	, [NV]	[HN]	[NJ]	[NM]	[NY-]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] ,	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last name	first, if indiv	vidual)					-	•			·
		.1			<u> </u>							
Business	or Residence	Address (Nu	ımber and Str	eet, City, State	z, Zip Code)				•			
	4.				ļ		ě					
Name of	Associated B	roker or Dea	ler		:			 ,		·		
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[AL]	[AK]	† [‡] [AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	, [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[[[[[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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*Subject to Waiver or Increase

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	Enter the aggregate offering price of securities included in this offering and the total amount				
	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,				
	check this box [and indicate in the columns below the amounts of the securities offered for				
	exchange and already exchanged.				
		Aggregate			nt Already
	Type of Security	Offering Price			Sold
	Debt	\$		\$	
	Equity	\$	_0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$. \$	
	Partnership Interests	\$		\$	
	Other (Specify)	\$	0	\$	0
	Total	\$	*	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this	•			
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504,				
	indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
•	their purchases on the total lines. Effet of it answer is mone of zero.				
		Number		Dolla	gregate r Amount
		Investors		of P	urchases
	Accredited Investors		0	\$	
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months				
	prior to the first sale of securities in this offering. Classify securities by type listed in Part C -				
	Question 1.				
	Time of offering	Type of Security			r Amount Sold
	Type of offering Rule 505	-			
	Regulation A			3	
				\$	
	Rule 504	·		3	
	Total			2	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.				
	The information may be given as subject to future contingencies. If the amount of an expenditure				
	is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs	,,	\boxtimes	\$ <u>:</u>	2,000
	Legal Fees		\boxtimes	\$2	5,000
	Accounting Fees		\boxtimes	\$	5,000
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)	,,,,,,,,		\$	
	Other Expenses (identify)			\$	
	Total		\boxtimes	\$3:	2,000
			_		

*No maximum or minimum

٠	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE ()F PF	ROCEEDS	_		
	b.Enter the difference between the aggregate offering 1 and total expenses furnished in response to Part "adjusted gross proceeds to the issuer."	C - Question 4.a. This difference is the			. \$	*	
5.	Indicate below the amount of the adjusted gross pro- used for each of the purposes shown. If the amoun estimate and check the box to the left of the estimate, the adjusted gross proceeds to the issuer set forth in re-	for any purpose in not known, furnish an The total of the payment listed must equal					
				Payments Officers Directors, Affiliate	, &	Payments Others	То
	Salaries and fees			\$] \$	
	Purchase of real estate			\$] \$	
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$] \$	
	Construction or leasing of plant buildings and fac	cilities		S			
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	lue of securities involved in this ets or securities of another		\$] \$	
	Repayment of indebtedness	,		\$	[□ \$	
	Working capital	1	\boxtimes	\$*	[2	 \$*	
	Other (specify):	,		\$] \$	
		1					
				\$	[] \$	
	Column Totals	1	\boxtimes			Ӡ \$ <u>*</u>	
	Total Payments Listed (column totals added)	i		⊠ \$_	*		-
*N	maximum or minimum						
		D. FEDERAL SIGNATURE					
sign	sissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnishmentation furnished by the issuer to any non-accredited in	sh to the U.S. Securities and Exchange Com	missi	e is filed u	inder Rule vritten requ	505, the follows of its st	lowing aff, the
	ner (Print or Type). nh Capital Investors, LP	Signature Front	フ フ _		Date:	-21-0C	6
Jos	ne of Signer (Print or Type) eph J. Mertes, by and on behalf of Savannah River pital Management, LLC, the general partner of the uer	Title of Signer (Print or Type) Principal of Savannah River Capital M the Issuer	anag	ement, LL	.C, the gen	eral partno	er of
					,	·	
					ě	٠	
•		•					
	:	ATTENTION					
	Intentional misstatements or omissions		ation	e /San 1	181180	1001 \	
	intentional misstatements or omissions	or ract constitute recent criminal viola	auof	is. (See 1		1001.)	

		E. STATE SIGNATURE							
	Is any party described in 17 CFR 230.252(c), (d), (e) or (such rule?	(f) presently subject to any of the disqualification provisions of	Yes	No ⊠					
	See Appendix, Colu	imn 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to CFR 239.500) at such times as required by state law.	any state administrator of any state in which this notice is file	ed, a notice on F	orm D (17					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.		amiliar with the conditions that must be satisfied to be entited notice is filed and understands that the issuer claiming the average been satisfied.							
	e issuer has read this notification and knows the contents y authorized person.	to be true and has duly caused this notice to be signed on its	behalf by the un	ndersigned					
Issı	uer (Print or Type)	Signature O O Do	nte						
Sel	ah Capital Investors, LP	Joseph Freterie	11-31-	06					
Nai	me of Signer(Print or Type)	Title (Print or Type)	÷	*					
Jos Ca _l Issu	eph J. Mertes, by and on behalf of Savannah River pital Management, LLC, the general partner of the uer	Principal of Savannah River Capital Management, LLC, the general partner of the Issuer							
									

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	1 :	2 :·	3			4			5
	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Limited Partnership Interests; no maximum or minimum	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	1	X	66						X
AK	s :	; X	66 .						х
AZ		X							X
AR		·X	"						X
CA		. X	. "					1	X
СО		; X	· ·					- -	X
СТ	1	X	"			,			Х
DE		· X	64						х
DC	1	, X	66						X
FL		х	ı,				•		X
GA	1	X							X
НІ		X	66						X
ID	i	X	66						X
ΙL	1	X	66		•				Х
IN		* X	٤.						X
IA		X	66			,			X
KS	1	' X	66	·					X
KY		x	"						X
LA		X	"						X
МЕ		X	"						X
MD		X	"						X
MA		X	66						X
MI		X							X
MN		X	- 1						Х
MS		: X							X

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APPENDIX

1	2	2	3	· •		4			5	
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	-	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited liability company interests; no maximum or minimum	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		X	46						X	
МТ		X	. 44						X	
NE		X	46	i 					X	
NV		X	. 44						X	
NH		X	46						X	
NJ		X							X	
NM		x	44						X	
NY		X	۲۲						х	
NC		X	66						X	
ND	,	X	44						X	
ОН		- X	u						X	
ОК		X	"						X	
OR		x	ee				•		X	
PA		X	44				<u> </u>		X	
RI	'	X	44						X	
SC		X	«	ا					х	
SD		X	44						X	
TN		; X							X	
тх		X	r.						X	
UT		X	46						X	
VT		X	"						X	
VA		X	66						X	
WA		X	"						X	
wv		X	"						X	
WI		X							X	
WY		X	44		<u> </u>				x	
ОТН	!	X							X	

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